



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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J. TYLER McCAULEY
AUDITOR-CONTROLLER

WENDY L. WATANABE
CHIEF DEPUTY

March 4, 2008

TO: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: J. Tyler McCauley 
Auditor-Controller

SUBJECT: **ETTIE LEE FOSTER FAMILY AGENCY CONTRACT REVIEW - A
DEPARTMENT OF CHILDREN AND FAMILY SERVICES FOSTER
FAMILY AGENCY SERVICE PROVIDER**

We have completed a contract compliance review of Ettie Lee Foster Family Agency (Ettie Lee or Agency), a Department of Children and Family Services (DCFS) Foster Family Agency service provider.

Background

DCFS contracts with Ettie Lee, a private non-profit community-based organization to recruit, train and certify foster care parents for the supervision of children placed in foster care by DCFS. Once the Agency places a child, it is required to monitor the placement until the child is discharged from the program.

Ettie Lee is required to hire qualified social workers to provide case management and act as a liaison between DCFS and foster parents. The Agency oversees a total of 29 certified foster homes in which 43 DCFS children were placed at the time of our review. Ettie Lee is located in the Fifth District.

DCFS pays Ettie Lee a negotiated monthly rate, per child placement, established by the California Department of Social Services (CDSS) Funding and Rate Bureau. Based on the child's age, the Agency receives between \$1,589 and \$1,865 per month, per child.

"To Enrich Lives Through Effective and Caring Service"

Out of these funds, the Agency pays the foster parents between \$624 and \$790 per month, per child. Ettie Lee was paid approximately \$1,036,000 during Fiscal Year 2006-07.

Purpose/Methodology

The purpose of the review was to determine whether Ettie Lee was providing the services outlined in their Program Statement and the County contract. We reviewed certified foster parent files, children's case files, personnel files and interviewed Ettie Lee's staff. We also visited a number of certified foster homes and interviewed several children and foster parents.

Results of Review

The foster parents stated that the services they received from Ettie Lee generally met their expectations and the children stated that they enjoyed living with their foster parents. In addition, the three foster homes visited were well maintained and in compliance with CDSS Title 22 safety regulations. Ettie Lee also ensured that staff working on the County contract possessed the education and work experience required by CDSS Title 22 regulations and their social workers' caseloads were within the required guidelines.

Ettie Lee did not always conduct a safety inspection prior to certifying the foster homes and ensure that the children's Needs and Services Plans and Quarterly Reports included all of the information required.

The details of our review along with recommendations for corrective action are attached.

Review of Report

We discussed our report with Ettie Lee on February 5, 2008. In their attached response, the Agency described the corrective actions taken to implement the recommendations. We also notified DCFS of the results of our review.

We thank Ettie Lee for their cooperation and assistance during this review. Please call me if you have any questions or your staff may contact Don Chadwick at (626) 293-1102.

JTM:MMO:DC

Attachment

c: William T Fujioka, Chief Executive Officer
Patricia S. Ploehn, Director, Department of Children and Family Services
Susan Kerr, Administrative Deputy, Department of Children and Family Services
Marilynne Garrison, Division Chief, Department of Children and Family Services
Saundra Johnson, Director, Ettie Lee FFA
Jean Chen, Community Care Licensing
Public Information Office
Audit Committee

**FOSTER FAMILY AGENCY PROGRAM
ETTIE LEE FOSTER FAMILY AGENCY
FISCAL YEAR 2007-2008**

BILLED SERVICES

Objective

Determine whether Ettie Lee Foster Family Agency (Ettie Lee or Agency) provided program services in accordance with their County contract and California Department of Social Services (CDSS) Title 22 regulations.

Verification

We visited three of the 29 Los Angeles County certified foster homes that Ettie Lee billed the Department of Children and Family Services (DCFS) in August and September 2007, and interviewed the three foster parents and six of the nine children placed in the three homes. We also reviewed the case files for the three foster parents and six children. In addition, we reviewed the Agency's monitoring activity.

Results

Ettie Lee needs to ensure that safety inspections of foster homes are conducted and documented prior to the foster parents initial certification and annual recertification as required by the County contract. Specifically, for two (67%) of the three homes visited, the Agency did not document that the required safety inspection had been conducted prior to the certification of the foster parents.

In addition, Ettie Lee needs to ensure that children's Needs and Services Plans (NSPs) and Quarterly Reports contain all required information. Three (50%) of six NSPs reviewed contained goals that were not time limited or modified when the goals were not achieved as required. In addition, two Quarterly Reports reviewed for children ages fourteen and older did not include a copy of the children's Emancipation Preparation Contract as required.

Our prior audit review also noted that Ettie Lee did not always ensure that NSPs and Quarterly Reports included all of the information required by the County contract.

Recommendations

Ettie Lee management:

- 1. Ensure that safety inspections of foster homes are conducted and documented prior to certification/recertification of foster parents.**

2. **Ensure that Needs and Services Plans and Quarterly Reports contain all required information.**

CLIENT VERIFICATION

Objective

Determine whether the program participants received the services that Ettie Lee billed to DCFS.

Verification

We interviewed four children and three foster parents and observed two toddlers placed in three Ettie Lee certified foster homes to confirm the services Ettie Lee billed to DCFS.

Results

The foster children indicated they enjoyed living with their foster parents and the toddlers appeared well cared for and happy. The foster parents interviewed stated they were generally happy with the services they received from the Agency.

Recommendation

There are no recommendations for this section.

STAFFING/CASELOAD LEVELS

Objective

Determine whether Ettie Lee's social workers' caseloads do not exceed fifteen placements and whether the supervising social worker does not supervise more than six social workers, as required by the County contract and CDSS Title 22 regulations.

Verification

We interviewed Ettie Lee's administrator and reviewed caseload statistics and payroll records for the Agency's four social workers and supervising social worker.

Results

Overall, Ettie Lee's social workers carried an average caseload of 11 cases and the Agency's supervising social worker supervised four social workers.

Recommendation

There are no recommendations for this section.

STAFFING QUALIFICATIONS**Objective**

Determine whether Ettie Lee's staff possess the education and work experience qualifications required by their County contract and CDSS Title 22 regulations. In addition, determine whether the Agency conducted hiring clearances prior to hiring their staff and provided ongoing training and performance evaluations to staff.

Verification

We interviewed Ettie Lee's administrator and reviewed each staff's personnel file for documentation to confirm their education and work experience qualifications, hiring clearances, ongoing training and performance evaluations.

Results

Ettie Lee's administrator, supervising social worker and social workers possessed the education and work experience required by the County contract and CDSS Title 22 regulations. In addition, the Agency conducted the required hiring clearances and provided annual performance evaluations and ongoing training for staff working on the County contract.

Recommendations

There are no recommendations for this section.

PRIOR YEAR FOLLOW-UP**Objective**

Determine the status of the recommendations reported in the prior monitoring review completed by the Auditor-Controller.

Verification

We verified whether the outstanding recommendations from Fiscal Year 2006-2007 monitoring review were implemented. The report was issued on July 6, 2006.

Results

The prior monitoring report contained six recommendations. Ettie Lee fully implemented five of the six recommendations. As indicated earlier, the findings related to recommendation 2 contained in this report were also noted in the prior monitoring review. Ettie Lee management indicated that they plan to implement the prior recommendation by March 11, 2008.

Recommendation

- 3. Ettie Lee management implement the outstanding recommendation from the Fiscal Year 2006-07 monitoring report.**



ETTIE LEE
Youth & Family Services

February 5, 2008

Serving Children & Families since 1936

*Saving lives. Changing lives. Building hope for children
and families in family-like settings.*

To: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

BOARD OF DIRECTORS
Roughl I. Bateman
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From: Sandra Johnson
Director of Foster Care

James Jay Smith
Treasurer

Subject: ETTIE LEE FOSTER FAMILY AGENCY CONTRACT REVIEW

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Carmen Perez
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Clayton L. Purkey, M.S.W.
President & CEO

A contract compliance review was conducted by the County of Los Angeles Department of Auditor-Controller's Office for the month of December, 2007. The purpose of this review was to determine whether Ettie Lee was providing the services outlined in the Program Statement and the County Contract. Certified foster parent files, children's files, personnel files were reviewed. In addition, Ettie Lee Staff were interviewed as well as several children and foster parents.

Action taken to implement the recommendations are as follows:

HONORARY BOARD

LeRoy D. Baca, Sheriff
County of Los Angeles

Pat Boone
Legendary Entertainer

MEMBER AGENCY

Local
Association of
Communities Human
Services Agencies

State
California Alliance of
Child & Family Services

National
Child Welfare League
of America

American Association
of Children's Residential
Centers

1. **Ensure that safety inspections of foster homes are conducted and documented prior to certification/re-certification of foster parents.**

a. *Safety inspections of foster homes are conducted and documented on two different forms. One form is completed before a prospective foster parent's home is certified and the other form is used for re-certification and ongoing home inspections throughout the year. This new pre-certification form was implemented in December, 2007. (form is attached)*

2. **Ensure that Needs and Services Plans and Quarterly Reports contain all required information:**

a. *A training will be conducted by Clinical Director and Vice President Patricia Gieselman, on March 11, 2008 at 9:30 a.m. The focus will be on targeted goals and emancipation treatment plans. Proof of this training will be evidenced by the Training Sign In Sheet. The "Emancipation Preparation Contract" will be completed by CSW and foster minor, however, the Ettie Lee Social Worker will assist by sending the contract to the CSW every three months as a reminder along with a statement in the quarterly that says "Emancipation Preparation Contract is attached and a*

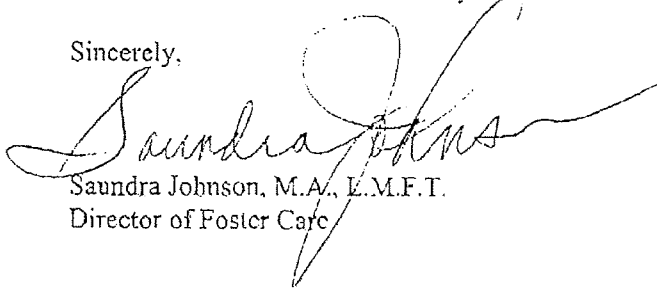


completed copy will need to be returned for the caregiver so that the goals can be monitored."

3. **Prior monitoring report, completed by the Auditor-Controller, contained six outstanding recommendations. Ettie Lee fully implemented five of the recommendations. As indicated earlier, the findings related to recommendation 2 contained in this report were also noted in the prior monitoring review.**
 - a. *Please see "recommendation number 2" regarding the implementation of the Needs and Services Plans and Quarterly Reports containing all required information. Emancipation Preparation Contract is also included in this recommendation.*
 - b. *Please also note that Ettie Lee has completely implemented the County's new Needs and Services Plans.*

We hope that the implementations for the above recommendations are acceptable. Please review and contact me if any additional information is needed.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Sandra Johnson', with a large, stylized flourish extending from the end of the signature.

Sandra Johnson, M.A., L.M.F.T.
Director of Foster Care

ETTIE LEE FOSTER CARE
FACILITY CHECKLIST

Home Name: _____

Reporting Period: _____

<u>ITEM NEEDED</u>	<u>YES</u>	<u>NO</u>	<u>CORRECTION DUE DATE:</u>	<u>DATE CORRECTED</u>
<u>INTERIOR:</u>				
Fire Extinguishers (2A 10BC-Red) (check to see if full)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Working Smoke Detectors (Doorway of child's Bedroom)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
All Cleaning Chemicals must be locked.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Toxins and Poisons must be locked (cannot be stored with food or where food is prepared).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Items that are labeled "keep out of reach of children" must be locked.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Doors, windows, and steps are intact	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Windows have screens (No rips)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Doors, ceiling and walls (clean and good repair)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Unused electrical outlets have covers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
All Plumbing in good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Adequate heat, light, and cooling system	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Furniture (clean and good repair)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Working telephone in home	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
First Aid Kit (tweezers, thermometer, scissors, & booklet)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Two children per bedroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Child age 2 years & above has their own bed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
No child 2 years old & above should share an adult bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Three feet between beds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Upper bunk must have tier	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fire escape ladder for 2 nd story	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>KITCHEN/PANTRY:</u>				
1 week food supply (non-perishable)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3-days of food supply for each person	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Counter and sinks clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cupboards and drawers neat	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Refrigerator, freezer and stove are clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pots and pans cannot be stored in refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Spoiled or freezer burn foods must be discarded	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Food in refrigerator & freezer must be stored in plastic containers with lids or wrapped in saran wrap	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trashcans are covered (indoors and outdoors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Water heater & water temperature checked 105° - 120°	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
All knives or any sharp objects are locked up	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>GROUPS:</u>				
Yard free of hazards and tools	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lawn mowed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
No dog feces	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ETTIE LEE FOSTER CARE
FACILITY CHECKLIST

ITEM NEEDED	YES	NO	CORRECTION DUE DATE:	DATE CORRECTED
<u>MEDICATION:</u>				
Meds – locked (refrigerated)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Meds – locked (Non-refrigerated)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>ITEMS POSTED IN FULL VIEW</u>				
Certificate of Approval - Updated	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Emergency Disaster Plan near phone	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fire Escape Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>FIRE DRILLS</u>				
January Fire Drills are conducted	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
July Fire Drills are conducted	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>PERSONAL RIGHTS</u>				
January Personal Rights reviewed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
July Personal Rights reviewed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>CHECK THE FOLLOWING ITEMS IF THE FACILITY HAS TODDLERS, WEAPONS, AND/OR A STANDING BODY OF WATER (standing pools, wading pools, Ponds, etc.)</u>				
<u>TODDLER SAFETY:</u>				
Crib & playpen are 2 3/8" or less apart	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Baby gates top & bottom of stairs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Decals on glass doors at child eye level	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High chairs have safety belts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Poisonous plants are inaccessible	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Window guards, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>WEAPONS:</u>				
Safety agreement signed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Firearms locked	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<small>(Trigger locked or remove firing pin. Firing pin shall be stored separately from firearms)</small>				
<u>POOL:</u>				
Pool or any body of water must have a 5 foot see thru fence.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pool has fence with self latching gate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pool and deck clean and water tested	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Person with water safety certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
In possession of water testing kit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rubber pools must be empty and turned upside down when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>PETS:</u>				
Fenced area for Dogs/Cats	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dogs/Cats have shots (copy of records)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>Changes Of House Hold Members</u>				
Is there a Bio-logical child who has or is turning 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Has anyone moved into the home recently?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Agency may request additional corrections involving safety, sanitation, and/or repair problems.

FCSW Signature

Date

Certified Parent Signature

Date

ETTIE LEE FOSTER CARE
PRE-CERTIFICATION FACILITY CHECKLIST

Home Name: _____

Reporting Period: _____

<u>ITEM NEEDED</u>	<u>YES</u>	<u>NO</u>	<u>CORRECTION DUE DATE:</u>	<u>DATE CORRECTED</u>
<u>INTERIOR:</u>				
Fire Extinguishers (2A 10BC-Red) (check to see if full)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Working Smoke Detectors (Doorway of child's Bedroom)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
All Cleaning Chemicals must be locked.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Toxins and Poisons must be locked (cannot be stored with food or where food is prepared).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Items that are labeled "keep out of reach of children" must be locked.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Doors, windows, and steps are intact	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Windows have screens (No rips)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Doors, ceiling and walls (clean and good repair)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Unused electrical outlets have covers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
All Plumbing in good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Adequate heat, light, and cooling system	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Furniture (clean and good repair)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Working telephone in home	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
First Aid Kit (tweezers, thermometer, scissors, & booklet)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Two children per bedroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Child age 2 years & above has their own bed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
No child 2 years old & above should share an adult bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Three feet between beds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Upper bunk must have tier	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fire escape ladder for 2 nd story	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>KITCHEN/PANTRY:</u>				
1 week food supply (non-perishable)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3-days of food supply for each person	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Counter and sinks clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cupboards and drawers neat	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Refrigerator, freezer and stove are clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pots and pans cannot be stored in refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Spoiled or freezer burn foods must be discarded	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Food in refrigerator & freezer must be stored in plastic containers with lids or wrapped in saran wrap	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trashcans are covered (indoors and outdoors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Water heater & water temperature checked 105° - 120°	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
All knives or any sharp objects are locked up	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<u>GROUNDS:</u>				
Yard free of hazards and tools	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lawn mowed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
No dog feces	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ETTIE LEE FOSTER CARE
PRE-CERTIFICATION FACILITY CHECKLIST

ITEM NEEDED	YES	NO	CORRECTION DUE DATE:	DATE CORRECTED
MEDICATION:				
Meds – locked (refrigerated)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Meds – locked (Non-refrigerated)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ITEMS POSTED IN FULL VIEW				
Certificate of Approval - Updated	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Emergency Disaster Plan near phone	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fire Escape Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
FIRE DRILLS				
January Fire Drills are conducted	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
July Fire Drills are conducted	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
PERSONAL RIGHTS				
January Personal Rights reviewed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
July Personal Rights reviewed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
CHECK THE FOLLOWING ITEMS IF THE FACILITY HAS TODDLERS, WEAPONS, AND/OR A STANDING BODY OF WATER (standing pools, wading pools, Ponds, etc.)				
TODDLER SAFETY:				
Crib & playpen are 2 3/8" or less apart	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Baby gates top & bottom of stairs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Decals on glass doors at child eye level	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High chairs have safety belts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Poisonous plants are inaccessible	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Window guards, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
WEAPONS:				
Safety agreement signed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Firearms locked	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<small>(Trigger locked or remove firing pin, firing pin shall be stored separately from firearms)</small>				
POOL:				
Pool or any body of water must have a 5 foot see thru fence.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pool has fence with self latching gate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pool and deck clean and water tested	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Person with water safety certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
In possession of water testing kit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rubber pools must be empty and turned upside down when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
PETS:				
Fenced area for Dogs/Cats	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dogs/Cats have shots (copy of records)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Changes Of House Hold Members				
Is there a Bio-logical child who has or is turning 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Has anyone moved into the home recently?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Agency may request additional corrections involving safety, sanitation, and/or repair problems.

FCSW Signature

Date

Certified Parent Signature

Date